

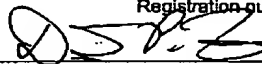
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PTO/SB/22 (12-04)

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |        | Docket Number (Optional)<br>ASZD-P01-228 |             |  |     |                  |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
|---|--------|--|-------------|--|-----|------------------|--|--|-------|------|----|---|-------|-------|----|--|--------|-------|-------------|--|--------|-------|----|--|--------|--------|----|
| Application Number 09/423037  |        | Filed February 22, 2000                  |             |  |     |                  |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
| For INHIBITORS OF NUCLEAR PROTEIN/NUCLEAR RECEPTOR INTERACTION  |        |  |             |  |     |                  |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
| Art Unit 1636   |        | Examiner T. A. McKelvey                  |             |  |     |                  |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;">Fee</th> <th style="width: 15%; text-align: center;">Small Entity Fee</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: center;">\$ 1,020.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 44,735</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> <p style="text-align: center;"> <br/>       Signature<br/>       David P. Halstead, Ph.D.<br/>       Typed or printed name     </p> <p style="text-align: center;">       May 16, 2006<br/>       Date<br/>       (617) 951-7615<br/>       Telephone Number     </p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 1 forms are submitted.</p> |        |  |             |  | Fee | Small Entity Fee |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 1,020.00 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
|   | Fee    | Small Entity Fee                         |             |  |     |                  |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120  | \$60                                     | \$          |  |     |                  |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450  | \$225                                    | \$          |  |     |                  |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020 | \$510                                    | \$ 1,020.00 |  |     |                  |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590 | \$795                                    | \$          |  |     |                  |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160 | \$1080                                   | \$          |  |     |                  |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |

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I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: May 16, 2006

Signature:  (Mary Jane DiPalma)